

ARKANSAS ADMINISTRATIVE STATEWIDE INFORMATION SYSTEM GOODS RECEIPT REPORT

Purchase Order No. : _____

Receipt Location: _____

Document Date _____

Delivery Note:

Item No.	Item Description	Quantity	Unit of Measure	Storage Location	Received?	Returned?	Delivery Complete?	Shelf Life Expiration Date	Received by	Date Rec'd
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Service Bureau Use Only

AASIS Document No. _____

Date: _____